

**ARIZONA STATE BOARD OF NURSING (ASBN)
CRNA PRESCRIBING PRIVILEGES REQUIREMENTS/INSTRUCTIONS**

**Processing for Prescribing Authority for applicants, who meet the requirements,
may take up to 1 month after submitting applications.**

CRNA's seeking prescribing privileges shall submit a completed application and meet the following requirements:

- Hold a current license as a Registered Nurse (RN) in good standing in Arizona OR current RN license in good standing in another compact state.
- Copy of a current compact RN license with multistate privileges (only for CRNA applicants holding an RN license in good standing in another compact state).
- Has graduated from an educational program accredited by the American Association of Nurse Anesthetist's Council on Accreditation of Nurse Anesthesia Education Programs or a predecessor.
- Transcripts – The applicant must request that official sealed transcripts, from the institution where the anesthesia program was completed, be sent **directly** to the Arizona State Board of Nursing.
- Is certified by the American Association of Nurse Anesthetist's Council on Certification or recertified by the American Association of Nurse Anesthetist's Council on Recertification as identified in the Rules of the board of Nursing at R4-19-513. (Online verification will be done by Arizona State Board of Nursing.)
- A copy of the certificate granted by the American Association of Nurse Anesthetist's Council on Certification showing expiration date of certification or recertification. (Submitted by applicant.)

CRNA's NOT seeking prescribing privileges, must complete the same requirements as above, but will not be charged a fee and will not receive a certificate from the Arizona State Board of Nursing.

NOTE: If you have never been licensed as an RN in Arizona, you must:

- Apply for a RN license by endorsement or
- Hold a current RN license in good standing with multistate privileges in another compact state that you are declaring as your primary state of residence.

Fingerprinting (Must have results before they can administer OR prescribe.)

- Pursuant to A.R.S. § 32-1606(B)(15), and R4-19-505 (2)(K), each applicant is required to submit a full set of fingerprints with the completed application if you have not submitted fingerprints to Arizona State Board of Nursing within the past 2 years.
- If you download an application off the website (www.azbn.gov) and submit the completed application to Arizona State Board of Nursing, a fingerprint card will be mailed to you to complete when we receive your application. The fingerprint card you receive from ASBN **must** be the card you use for fingerprints, since it has specific agency data pre-printed on it.
- Please check your local phone directory for information on fingerprinting agencies.
- It can take 2-3 weeks to receive fingerprint results from the FBI. Administering **or** prescribing privileges are not granted until fingerprint results are received.

Fees

- The fingerprint fee is \$43.00 for all CRNA applicants not currently licensed in Arizona.
- The application fee for prescribing privileges is \$100.00.
- Fees may be paid by personal check or money order, and made payable to the Arizona State Board of Nursing. **All personal checks must be pre-printed with your name and address – No exceptions.**
- **All fees submitted must be in U.S. Dollars and are non-refundable.**
- Personal checks drawn on banks out of the Continental U.S. are not considered U.S. Dollars and will not be accepted.
- A \$50.00 fee will be charged for checks returned because of insufficient funds.

Felony Convictions:

Pursuant to A.R.S. § 32-1606 (B) (17), the Board shall revoke a nursing license or multistate privileges or deny licensure if the applicant has one or more felony convictions that have not previously been disclosed to the board and has not received an absolute discharge from the sentences for all felony convictions five or more years prior to the date of filing an application. If this law pertains to you, your application will not be processed, and proceedings for revocation of your Arizona license or multistate privileges in Arizona and denial of your application shall be instituted by the Board.

Reporting of Criminal Charges

Applicants for licensure/certification must notify the Board of criminal charges that may affect patient safety within 10 days of being charged. Further information is available at www.azbn.gov.

Time Frames for Licensing

For the purposes of these time frames, the Board is required to process applications for renewal of licensure/certification within certain time periods. A.R.S. § 41-1073. The following definitions are provided to assist you in understanding time frames below.

- Administrative completeness time frame: The number of days from receipt of an application until the Board determines that the application is complete.
- Substantive review time frame: The number of days following the administrative completeness time frame during which the Board determines whether the applicant should be licensed.
- Deficiency notice: Correspondence from the Board notifying the applicant that the application is incomplete and that information or documentation is missing.
Time to respond: The table below specifies the number of days an applicant has to respond to a deficiency notice.
- Comprehensive written request: A request by the Board to the applicant during the substantive review time frame for additional information or documentation.
Time to respond: The table below specifies the number of days an applicant has to respond to a comprehensive written request.
- Overall time period: The total number of days from the Board's receipt of an application until the board determines whether to grant licensure includes the administrative completeness time frame, the substantive review time frame, as well as time to respond to a deficiency notice and comprehensive written request.

Licensing Time Frames

Type of Licensure	Applicable Rule	Overall Time	Administrative Completeness	Deficiency Notice (time for applicant to respond)	Substantive Review	Comprehensive Written Request (time to respond)
Prescribing Authority of a Certified Registered Nurse Anesthetist	R4-19-513	150 days (without investigation)	30 days	270 days	120 days (without investigation)	150 days
		270 days (with investigation)			240 days (with investigation)	

For more information regarding the time frames for licensure, consult A.A.C. R4-19-102. For assistance with the application process for licensure, contact Cristina Oates at 602-889-5205 or by email at coates@azbn.gov

Information on Prescribing Authority for CRNA'S

1. According to R4-19-515 (C), a CRNA with prescribing authority may order drugs or medication to be administered by a licensed, certified, or registered health care provider pre-operatively, post-operatively, or as part of a procedure performed in a health care facility; the office of a health care provider licensed pursuant to A.R.S. Title 32, Chapters 7, 11, 13, and 17; or in an ambulance.
2. A DEA number is not necessary.
3. Arizona's prescriptive authority can only be used in Arizona. It cannot be transferred to another state. Prescriptive laws for CRNA's vary from state to state.
4. A one time application and fee will be paid at the time of initial request for prescribing authority. To maintain prescriptive authority, the RN license and national certification or recertification must remain current.
5. According to R4-19-515(D), a CRNA with prescribing authority shall ensure that all prescription orders contain the following:
 - The CRNA's name;
 - The prescription date;
 - The name of the patient and patient identification number; and
 - The name of the medication, strength, dosage, and route of administration.

For assistance with the application process, contact Cristina Oates at 602-889-5205.

RETURN YOUR APPLICATION TO:

**Arizona State Board of Nursing
4747 N. 7th Street, Suite 200
Phoenix, AZ 85014-3653**

RNs/LPNs SAVE YOURSELF TIME AND FRUSTRATION...

Check these areas **before** returning your application.

ALL BLANKS MUST BE COMPLETED, EXCEPT THOSE MARKED OPTIONAL

GENERAL FOR ALL

- ☐ Your application is in black ink
- ☐ Home Address/Primary Residence – i.e., this is the address where you vote, or pay federal taxes, or obtain a driver's license
- ☐ You enclosed a check (pre-printed with your name and address) or money order for the **correct** fees made out to Arizona State Board of Nursing
- ☐ You answered ALL QUESTIONS, signed application and dated it
- ☐ **Initial Applicants** (i.e., exam, endorsement): A fingerprint card will be mailed to you after we receive your application
- ☐ **Read the instructions for more details on these reminders. Thank you!**

EXAMINATION APPLICANTS

- ☐ \$263 – **Examination fee** – includes Fingerprint fee. If you have submitted fingerprints within the past 2 years, you do not need to resubmit another set of fingerprints.

ENDORSEMENT APPLICANTS

- ☐ \$193 – **Endorsement fee** – includes Fingerprint fee (If requesting a Temporary license, **add** \$35 for license fee)
- ☐ **Endorsement Applicants:** If you are requesting temporary license, you enclosed a photocopy of current license which shows an expiration date.
- ☐ If a graduate of a foreign nursing program, have submitted a copy of a letter from CGFNS with ID number.

ADVANCED PRACTICE OR SCHOOL NURSE APPLICANTS

- | | | |
|--|--|--|
| <ul style="list-style-type: none"><input type="checkbox"/> \$135 – Nurse Practitioner fee for each specialty listed on the application (Need fingerprint fee if no fingerprint card was submitted to the Board in the past 2 years.)<input type="checkbox"/> \$100 – CRNA Prescribing fee for initial application (Need fingerprint fee if no fingerprint card was submitted to the Board in the past 2 years.) | <ul style="list-style-type: none"><input type="checkbox"/> \$125 – Prescribing & Dispensing Authority fee for initial application (Need fingerprint fee if no fingerprint card was submitted to the Board in the past 2 years.)<input type="checkbox"/> \$35 – School Nurse <u>initial</u> certification fee (Also need fingerprint fee if no fingerprint card was submitted to the Board in the past 2 years.) | <ul style="list-style-type: none"><input type="checkbox"/> \$100 – Clinical Nurse Specialist fee for initial application (Need fingerprint fee if no fingerprint card was submitted to the Board in the past 2 years.)<input type="checkbox"/> \$25 – School Nurse <u>renewal</u> certification fee<input type="checkbox"/> \$43 – Fingerprint fee |
|--|--|--|

ABBREVIATIONS OF STATES & TERRITORIES

AL	ALABAMA	IL	ILLINOIS	MT	MONTANA	RI	RHODE ISLAND
AK	ALASKA	IN	INDIANA	NE	NEBRASKA	SC	SO. CAROLINA
AS	AM. SAMOA	IA	IOWA	NV	NEVADA	SD	SO. DAKOTA
AZ	ARIZONA	KS	KANSAS	NH	NEWHAMPSHIRE	TN	TENNESSEE
AR	ARKANSAS	KY	KENTUCKY	NJ	NEW JERSEY	TX	TEXAS
CA	CALIFORNIA	LA	LOUISIANA	NM	NEW MEXICO	UT	UTAH
CO	COLORADO	ME	MAINE	NY	NEW YORK	VT	VERMONT
CT	CONNECTICUT	MD	MARYLAND	NC	NO. CAROLINA	VI	VIRGIN ISLANDS
DC	WASHINGTON DC	MA	MASSACHUSETTS	ND	NO. DAKOTA	VA	VIRGINIA
DE	DELAWARE	MI	MICHIGAN	OH	OHIO	WA	WASHINGTON
FL	FLORIDA	MN	MINNESOTA	OK	OKLAHOMA	WV	WEST VIRGINIA
GA	GEORGIA	MO	MISSOURI	OR	OREGON	WI	WISCONSIN
HI	HAWAII	MP	NO. MARIANA IS.	PA	PENNSYLVANIA	WY	WYOMING
ID	IDAHO	MS	MISSISSIPPI	PR	PUERTO RICO		



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NOTE: Questions 12-17 are to be completed only if you are a CRNA applicant who holds an active RN license in a compact state other than Arizona. If you do not have an RN license in another compact state, please proceed to question #18 on the next page.

12. What compact state are you currently licensed as an RN?

Compact RN License Number

Expiration Date (Month/Year)

 /

13. **TESTING INFORMATION**

In what state or territory did you obtain your **original** RN license?

What was your original license number?

What was the date of your state exam?

Month Year

 /

Did you test more than 1 time?

☐

No

☐

Yes

If yes, how many times?

Which test did you take?

☐

SBTPE

(This test was given before 7/1/82)

☐

NCLEX

(This test was given after 7/1/82)

Passing the SBTPE or NCLEX test is required for certification in Arizona.

14. **ARIZONA LICENSURE**

Have you previously submitted a nursing application in Arizona?

☐

No

☐

Yes

If yes, did you receive a permanent Arizona license?

☐

No

☐

Yes

If yes, when

Month Year

 /

15. **Check the practice requirement that you meet for certification (one option must be marked to be eligible for certification)**

☐

I have practiced as a nurse for 960 hrs or more in the past 5 years **OR**

☐

I have completed a Board approved refresher course within the past 5 years **OR** graduated from a nursing program within 5 years **OR**

☐

I have obtained an advanced nursing degree (RN to BSN, Masters, or Doctorate) or advanced practice certificate in the past 5 years

16. **EMPLOYMENT STATUS**

☐

Employed

☐

Not Employed

Employed in Nursing

Employment in a field other than Nursing

PRN/Pool/Registry

Traveler

☐

Full Time

☐

Full Time

☐

Yes

☐

Yes

☐

Part Time

☐

Part Time

☐

No

☐

No

Average number of hours worked per week as a nurse?

17. **LICENSE INFORMATION**

List the state/territory, license number, and current status of all RN licenses.

State	License Number	Active	Inactive	Expired
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If you are licensed in more than 4 states, please list the information on a separate sheet of paper



18. Are you currently under investigation or is disciplinary action pending against your nursing license or CRNA certificate or any other license or certification you hold in any state or territory of the United States?

☐ No ☐ Yes

If yes, include a detailed explanation and a copy of the paperwork regarding the current investigation or pending disciplinary action with your application.

Before answering the next question read the following: The fact that a conviction has been pardoned, expunged, dismissed, deferred, reclassified, redesignated or that your civil rights have been restored, does not mean that you answer this question “no”; you would have to answer “yes” and give details on each conviction.

19. Have you ever been convicted, entered a plea of guilty, nolo contendere or no contest, or have you ever been sentenced, served time in jail or prison, or had prosecution deferred or sentence deferred or probation deferred in any **felony** or undesignated offense?

☐ No ☐ Yes

If yes, provide a written explanation of the details of each conviction and sentence. Return the written explanation, a copy of the police report and court documents for each conviction, indicating type of conviction, conviction date and sentence including the date of absolute discharge of the sentence for each felony conviction with your application.

FINAL NOTE: If you answer “yes” to this question, your application will not be processed until you provide proof that it has been more than 5 years since the date of absolute discharge for each felony conviction or provide proof that the conviction was designated a misdemeanor.

20. Are you currently a participant in a state board/designee monitoring program including alternative to discipline, diversion or a peer assistance program?

☐ No ☐ Yes

If yes, provide a **written explanation** including the state, dates, reasons for participation, and a copy of the participation agreement.

21. Have you ever been terminated from an alternative to discipline, diversion, or a peer assistance program due to unsuccessful completion?

☐ No ☐ Yes

If yes, provide a **written explanation** including the state, dates, and reasons for participation and termination.

AFTER COMPLETING THE APPLICATION, WAIT TO SIGN THE APPLICATION UNTIL YOU ARE IN THE PRESENCE OF A NOTARY PUBLIC

AFFIDAVIT

The undersigned being duly sworn declares that he/she is the person referred to in the foregoing application; that the statements are true in every respect; that he/she has not suppressed any information that would affect this application; that he/she will conform to ethical standards of conduct in the profession of nursing and obey the laws and rules of the Arizona Board of Nursing; that he/she has read and understands this affidavit; that he/she understands that failure to disclose the requested information or disclosure of false or misleading information may constitute fraud and may result in denial of licensure/certification or disciplinary action, up to and including revocation, taken against an issued license or certificate. Failure to disclose the requested information or disclosure of false or misleading information may also result in criminal prosecution.

Applicants Signature

Date

JURAT

State of _____

County of _____

_____ personally appeared before me, and under oath, swears that the statements made in this
Applicants Name

document and all attachments are true and correct this _____ day of _____ 20 _____.

NOTARY PUBLIC (signature)

MY COMMISSION EXPIRES



CRNE

